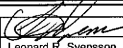


|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1>                                    |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       | 10/589,825-Conf. #2356 |
|  |  | Filing Date              | December 15, 2006      |
|  |  | First Named Inventor     | Paul BOULANGE          |
|  |  | Examiner Name            | A. U. Desai            |
|  |  | Art Unit                 | 1656                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Attorney Docket No.      | 0040-0165PUS1          |
| TOTAL AMOUNT OF PAYMENT  |  | (\$ ) 2,200.00           |                        |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>                            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) Indicated below <input type="checkbox"/> Charge fee(s) Indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-308.                |  |

|   |                             |                     |                             |   |                             |                                |                       |
|---|-----------------------------|---------------------|-----------------------------|---|-----------------------------|--------------------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                             |                     |                             |   |                             |                                |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                             |                     |                             |   |                             |                                |                       |
|   | <b>FILING FEES</b>          |                     | <b>SEARCH FEES</b>          |   | <b>EXAMINATION FEES</b>     |                                |                       |
|   | <small>Small Entity</small> |                     | <small>Small Entity</small> |   | <small>Small Entity</small> |                                |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>             | <b>Fee (\$)</b>     | <b>Fee (\$)</b>             | <b>Fee (\$)</b>   | <b>Fee (\$)</b>             | <b>Fee (\$)</b>                | <b>Fees Paid (\$)</b> |
| Utility   | 380                         | 190                 | 620                         | 310   | 250                         | 125                            | _____                 |
| Design  | 250                         | 125                 | 120                         | 60  | 160                         | 80                             | _____                 |
| Plant   | 250                         | 125                 | 380                         | 190   | 200                         | 100                            | _____                 |
| Reissue   | 380                         | 190                 | 620                         | 310   | 750                         | 375                            | _____                 |
| Provisional   | 250                         | 125                 | 0                           | 0   | 0                           | 0                              | _____                 |
| <b>2. EXCESS CLAIM FEES</b>   |                             |                     |                             |   |                             |                                |                       |
|   |                             |                     |                             |   | <small>Small Entity</small> |                                |                       |
| <b>Fee Description</b>  |                             |                     |                             |   | <b>Fee (\$)</b>             | <b>Fee (\$)</b>                |                       |
| Each claim over 20 (including Reissues)   |                             |                     |                             |   | 60                          | 30                             |                       |
| Each independent claim over 3 (including Reissues)  |                             |                     |                             |   | 250                         | 125                            |                       |
| Multiple dependent claims   |                             |                     |                             |   | 450                         | 225                            |                       |
| <b>Total Claims</b>   |                             | <b>Extra Claims</b> |                             | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>        |                                |                       |
| 16  |                             | - 33 or HP          |                             | 0   | x 60.00 =                   |                                |                       |
|   |                             |                     |                             |   | 0.00                        |                                |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                             |                     |                             |   |                             |                                |                       |
| <b>Indep. Claims</b>  |                             | <b>Extra Claims</b> |                             | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>        |                                |                       |
| 2   |                             | - 5 or HP           |                             | 0   | x 250.00 =                  |                                |                       |
|   |                             |                     |                             |   | 0.00                        |                                |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                             |                     |                             |   |                             |                                |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                             |                     |                             |   |                             |                                |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                             |                     |                             |   |                             |                                |                       |
| <b>Total Sheets</b>   |                             | <b>Extra Sheets</b> |                             | <b>Number of each additional 50 or fraction thereof</b> |                             | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b>  |
| _____   |                             | _____               |                             | _____   |                             | (round up to a whole number) x | =                     |
| - 100 =   |                             | /50 =               |                             | _____   |                             |                                |                       |
| <b>4. OTHER FEE(S)</b>  |                             |                     |                             |   |                             |                                |                       |
| Non-Entity Specification, \$130 fee (no small entity discount)  |                             |                     |                             |   |                             |                                |                       |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 930.00  |                             |                     |                             |   |                             |                                |                       |
| 1253 Extension for response within third month 1,270.00   |                             |                     |                             |   |                             |                                |                       |

|                     |   |                                   |                   |
|---------------------|---|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |   |                                   |                   |
| Signature           |  | Registration No. (Attorney/Agent) | 30,330            |
| Name (Print/Type)   | Leonard R. Svensson   | Telephone                         | (858) 792-8855    |
|                     |   | Date                              | February 28, 2012 |